	CLAIMS ONLY		Application Number 101 720380		Filing Date	
			Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1					1		51						3
2							52						3
3							53						
4							54					1	
5							55						
6							56						1
7							57						1
8							58					1	1
9							59						
10							60						1
11							61						
12							62						1
13							63						1
14							64						1
15							65						1
16							66						1
17							67						1
18							68						1
19							69						1
20							70						1
21							71						1
22							72					1	
23							73					1	
24							74					1	
25							75						2
26							76						
27							77						
28							78						
29							79						
30							80						
31					1		81						
32						1	82						
33						1	83						
34					1		84						
35					1		85						
36					1		86						
37							87						
38						2 3	88						
39						3	89						
40						3	90						
41						3	91						
42						3	92						
43						3	93						
44						3	94						
45						3	95						
46						3	96						
47						3	97						
48						3	98						
49						3	99						
50						3	100						
Total Indep							Total Indep					6	
Total Depend							Total Depend					68	
Total Claims							Total Claims					74	